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ABSTRACT

The literature on social cognition and intergroup relations suggests that gender and age are social concepts which, because they are at the same level of abstraction, may produce interactive effects on person perception judgments. The purpose of this study was to explore gender stereotypes that therapists hold about people who differ in age; examine the differences that therapist characteristics such as sex and age make in therapist perceptions of others; and investigate the clinical sex bias hypothesis that psychotherapists subscribe to one standard of mental health for healthy men and adults but hold another, more stereotypically feminine standard for healthy women. The sample used in these analyses comprises 322 clinical members of the American Association for Marriage and Family Therapy and 311 psychologists listed in the National Register of Health Service Providers in Psychology. Subjects completed Broverman's Sex-Role Stereotype Questionnaire and therapists were asked to rate a mature, healthy, socially competent target. The four gender stereotype scales produced three substantial main effects for age of target and only one main effect for sex of target. Although the predominantly middle-aged respondents certainly viewed middle-aged targets positively, age of therapists was unrelated to their perceptions of others. The findings provided no support to the interpretation that clinicians' standards of mental health display a bias against women when judgments of "adult" mental health are used as the ideal standard of mental health. (ABL)

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Psychotherapists' Gender Stereotypes: Perceiver Characteristics, Target Age, and Target Sex

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Psychotherapists' Gender Stereotypes: Perceiver Characteristics, Target Age, and Target Sex

The purpose of this paper is threefold. Our first purpose is to combine data from two random, representative samples of national organizations of psychotherapists to explore the gender stereotypes that therapists hold about people who differ in age (late 20s, late 40s, and late 60s). The second purpose is to determine the difference that therapist characteristics such as sex and age make in their perceptions of others. Third, Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel's (1970) classic study is the most widely cited study on sex bias in the judgment of mental health. Broverman et al. (1970) reported that psychotherapists subscribed to one standard of mental health for healthy men and adults but held another, more stereotypically feminine standard for healthy women. Their study attracted enormous attention (and a multitude of criticisms, cf. Widiger & Settle, 1987), but until now there has been no study of therapists' gender stereotypes or sex bias for people of varying ages. Our third purpose, therefore, was to use Broverman's (1981) Sex-Role Stereotype Questionnaire (SRSQ) to examine the clinical sex bias hypothesis.

Our primary focus, however, is on how gender stereotypes are organized when information on the age as well as the gender of targets is provided to perceivers. The literature on social cognition and intergroup relations suggests that gender and age are social category concepts which, because they are at the same level of abstraction (cf. Messick & Mackie, 1989), may produce

interactive effects on person perception judgments (Futoran & Wyer, 1986). Little is known about relationships among social category concepts at the same level of generality. Studies of age stereotypes (Lutsky, 1981; Kite & Johnson, 1988) and of gender stereotypes (Ashmore & DelBoca, 1986) abound, but we located only one study which addressed age-sex stereotypes. Using Rosencranz and McNevin's (1969) age stereotype scale with a student sample, O'Connell and Rotter (1979) found that males were viewed as more effective and autonomous than females until age 75, while females were viewed as more personally acceptable at all ages (25, 50, and 75). Both genders were perceived as increasingly lower in effectiveness and autonomy from 25 to 75. There is only modest overlap, however, between Rosencranz and McNevin's items and those on gender stereotype scales. Our studies were designed to address these gaps.

Method

Sample

The sample used in these analyses comprised 322 clinical members of the American Association for Marriage and Family Therapy (AAMFT) and 311 psychologists listed in the National Register of Health Service Providers in Psychology (NR). The AAMFT and NR subsamples differed significantly in percent who were women (41% versus 24%, respectively), mean age (46.0 and 49.9 years, respectively), and percent with a doctoral degree (35% and 99%, respectively). But the AAMFT and NR subsamples reported virtually identical percentages who saw clients age 65 to 69 (35%).

Procedure

The most recent version of the SRSQ (Broverman, 1981) was mailed in 1985 to 450 randomly selected clinical members of the AAMFT and in 1986 to 1,200 randomly selected psychologists listed in the current National Register of Health Service Providers in Psychology. They were given the same instructions used by Broverman et al. (1970): therapists were asked to rate a "mature, healthy, socially competent" target. Each therapist in the present subsample was randomly assigned to one of several groups, each with a different specifying target descriptor (i.e., a race-unspecified man, adult, or woman in their late 20s, late 40s, or late 60s).

Completed questionnaires were returned by 322 AAMFT and 554 NR therapists, resulting in response rates of 72% and 46% respectively. The response rate across the various target conditions did not differ significantly in either sample. The present combined sample includes all those who rated race-unspecified targets: all 322 AAMFT and 311 of the NR providers (the remaining NR providers rated Black targets and were excluded from the analyses herein).

Instrument

The SRSQ (Broverman, 1981) is a list of 82 short verbal descriptions of personal attributes presented in a bipolar format; each item contains two poles (e.g., very competitive-not at all competitive). The midpoint score for each item is 40 (e.g., neither competitive nor not competitive) and higher scores (over 40) indicate more socially desirable, sex-stereotypical ratings

(Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968). Although we replicated the Broverman et al. (1970) instructions to subjects, we did not replicate their often-criticized analyses (Widiger & Settle, 1987). First, we analyzed all 82 items, rather than the short list of 38 items they analyzed. Second, we analyzed the actual rating of each target made by each respondent; in contrast Broverman et al. ignored the actual ratings and used the crude measure of the proportion of subjects who rated an item either above or below the midpoint score of 40. Third, we used factor analyses rather than individual item analyses.

The 82 items of the SRSQ for all 633 respondents were submitted to initial principle-component factor analyses with varimax rotations for the AAMFT and NR samples separately. Solutions were very similar and the scree test suggested that four factors were appropriate. The samples were then combined for another factor analysis, and a similar four-factor solution was selected as the most consistent with research findings on role-related behaviors and personality change in adulthood (see the factor scales in Table 1). The measure of each of the four dependent variables used herein was the mean of each respondent's ratings on the attributes that loaded over .40 on the four factors. Cronbach alphas ranged from .78 to .88.

The first two scales appear to tap "core" aspects of psychological femininity and masculinity, respectively (Huyck, 1990). In addition to items representing active nurturance, the first scale, named **Expressive**-Nurturant, includes items indicative

of emotional expressivity which may be especially important to psychotherapists. The "emotional expressivity" items include easily expresses tender emotions, not uncomfortable when people express emotions, cries very easily, does not hide emotions, very good sense of humor, and enjoys art and literature very much. The "active nurturance" items include very affectionate, very understanding of others, very kind, very gentle, and able to devote self completely to others. High scores on the second scale, named **Achievement-Oriented**, suggest someone oriented toward occupational success. Items on this scale include very ambitious, very competitive, very aggressive, almost always acts as a leader, very skilled in business, never gives up easily, very intelligent, very adventurous, and very interested in own appearance (in this context, this appears to mean "dress for success"). The third and fourth scales, named **Controlled, Well-Socialized**, and **Self-Assured** respectively, tap peripheral aspects of stereotypical femininity (Controlled, Well-Socialized) and masculinity (Self-Assured) which, in the Oakland and Berkeley longitudinal studies, increased from adolescence to middle age in <u>both</u> genders. High scores on **Controlled, Well-Socialized** depict someone who is not reckless, not impulsive, very careful, always thinks before acts, very logical, and who is also very grateful and very helpful to others. Targets scored high on **Self-Assured** have very little need for security, seek out new experiences, are very assertive, can make decisions easily, are able to separate feelings from ideas, have feelings not easily hurt, and are never worried.

Results

ANOVAS on each of the four scales by age of target (late 20s, late 40s, late 60s), sex of target (man, adult, woman) and subsample (NR, AAMFT) were performed, as shown in Table 2. (Subsample was included as a control variable inasmuch as we have not previously combined the two therapist groups; we have no specific hypotheses regarding subsample differences.) These primary ANOVAS on each of the four scales were succeeded by an exploration of the relationship of therapists' perceptions with provider sex and provider age (divided into thirds). We will refer to these latter analyses as the secondary ANOVAS. In addition, therapists who reported having clients age 65-69 were compared on each scale to those who had no clients of this age. Finally, to assess the possibility that including "adult" (sex-unspecified) targets increased the salience for raters of **age of target** and therefore artificially increased the likelihood of significant age of target differences, we repeated the primary ANOVAS for the male and female targets only, excluding the adult targets (these will be referred to as the tertiary ANOVAS).

Figures 1 through 4 display the age of target x sex of target (man, adult, woman) x subsample means for each of the four dependent measures.

Strikingly, on the primary ANOVAS significant main effects for **age of target** appeared on all four gender stereotype measures; in contrast, only one significant main effect for **sex of target** appeared. No significant main effects or interactions involving

age of provider appeared, nor was age of target found to be related to provider sex or age.

Expressive-Nurturant. On the primary ANOVAS, significant main effects appeared for age of target ($p<.01$) and sex of target ($p<.001$). No significant interaction effects appeared. Middle-aged targets ($M = 48.4$) were rated as significantly more expressive-nurturant than the young, $M = 46.6$, $t(421) = 2.33$, $p<.05$, and tended to be seen as more expressive-nurturant than the old, $M = 47.2$, $t(413) = 1.75$, $p<.10$. Overall, male targets ($M = 45.4$) were perceived as far less expressive-nurturant than both adult targets, $M = 48.0$, $t(384) = 3.49$, $p<.001$, and female targets, $M = 48.9$, $t(357) = 4.88$, $p<.001$. Ratings of the adult and female targets did not differ; inasmuch as all the items in this scale were socially desirable feminine stereotypes, this result is not surprising.

On the secondary ANOVAS (comparing age of target, sex of target, and sex of therapist) a significant interaction between sex of target and sex of therapist appeared, $F(632) = 5.71$, $p<.01$. Male and female providers viewed female targets very similarly (Ms = 49.0 and 48.7 respectively) and both rated female targets as significantly more expressive-nurturant than they rated male targets. Female therapists, however, rated male targets as far less expressive-nurturant ($M = 42.6$) than did male therapists, $M = 46.4$, $t(120) = 3.31$, $p<.001$. Female therapists saw adult targets ($M = 48.5$) as very similar to female targets and as far more expressive-nurturant than male targets, $t(132) = 5.31$, $p<.001$.

Male providers' evaluations of adult targets (M = 47.7) did not differ from their perceptions of either male or female targets. Female providers rated men as less expressive-nurturant than did male providers regardless of age of target or provider subsample; the difference in perceptions was especially pronounced among NR providers who rated healthy men in their late 40s (for male providers, M = 49.5 but for female providers, M = 40.3, a midpoint score).

When the primary and secondary ANOVAS were recalculated with the adult targets excluded, the main effect for sex of target and the interaction between sex of target and sex of provider still appeared. The main effect for age of target, however, now showed only a tendency toward significance, $F(411) = 2.91$, $p<.055$. The major findings for Expressive-Nurturant, therefore, are the main effect for sex of target and the interaction between sex of target and sex of provider.

Achievement-Oriented. Perceptions of young (M = 48.8) and middle-aged targets (M = 48.5) did not differ, and both were rated as significantly more achievement-oriented than the old, M = 45.2, $p<.001$ for both comparisons. No main effect for sex of target appeared. There was, however, a significant main effect for subsample in which AAMFT providers (M = 48.1) rated targets as more achievement-oriented than did NR providers (M = 46.8). This main effect is best interpreted in light of the significant three-way interaction between age of target, sex of target, and subsample. The nature of this interaction is seen most clearly in Figure 2.

NR providers rate all young and middle-aged men, adults, and women alike as more achievement-oriented than they rate old men, adults, and women. Like NR providers, AAMFT providers also rate all young and middle-aged target groups as quite achievement-oriented and old men and adults as less so; unlike NR providers, however, AAMFT therapists perceive old women as quite achievement-oriented. The main effect for subsample is primarily due to the significantly higher ratings by AAMFT providers, compared to NR providers, of old female and young male targets. As Figure 2 indicates, there was a general tendency for middle-aged targets to be seen as slightly less achievement-oriented than were young targets. NR providers, however, rated middle-aged males as significantly more achievement-oriented than young males, such that middle-aged women were rated as significantly less achievement-oriented than were middle-aged men.

The secondary ANOVAS revealed no significant main or interaction effects involving age or sex of therapist. But providers who reported having clients age 65 to 69 rated targets of this age as significantly more achievement-oriented (M = 46.2) than did those who had no clients of this age, M = 44.4, $t(208) = 2.40$, $p<.05$.

When these ANOVAS were performed with the adult cases excluded, the same main effects and three-way interaction appeared. In addition, there was a significant age of target x sex of target interaction, $F(411) = 3.12$, $p<.05$, which is best interpreted by reference to the findings for the three-way interaction described

earlier. Young male and female targets are seen similarly as highly achievement-oriented, as are middle-aged men, and old men and women are perceived as less achievement-oriented than are the young and middle-aged. Overall, however, middle-aged women are perceived as less achievement-oriented than are middle-aged men ($p<.01$); as we have seen, however, this difference is significant only among NR providers ($p<.01$).

Controlled, Well-Socialized. On the primary ANOVAS, a main effect for age of target appeared. As anticipated, the young (M = 45.0) were perceived as significantly less controlled and well-socialized than the middle-aged, M = 47.8, $t(421) = 4.18$, $p<.001$, and the old, M = 47.1, $t(394) = 320$, $p<.01$. The latter groups did not differ. There was also a main effect for subsample in which NR providers viewed healthy targets as more controlled and well-socialized (M = 47.3) than did AAMFT therapists (M = 46.1). No main effect for sex of target appeared. A three-way interaction also appeared, but exploration of the interaction was not especially informative. As Figure 3 indicates, NR therapists perceived young women as significantly more controlled and well-socialized than they saw young men ($p<.05$) while they tended to view old men as more controlled and well-socialized than AAMFT therapists did ($p<.06$).

On the secondary ANOVA, an interaction appeared between sex of target and sex of therapist, $F(632) = 3.67$, $p<.05$. Male therapists perceived male, adult, and female targets similarly (Ms = 47.3, 46.8, and 46.6 respectively), but female providers rated male

targets (M = 44.4) as significantly less controlled and well-socialized than they rated both female targets, M = 47.1, $t(111)$ = 2.43, $p<.05$ and adult targets, M = 46.6, $t(132)$ = 2.00, $p<.05$. Female therapists also rated healthy men as significantly less controlled and well-socialized than male therapists rated men, $t(205)$ = 2.55, $p<.05$.

This pattern of findings was unchanged when these ANOVAS were performed with the adult cases excluded.

Self-Assured. On the primary ANOVA, only a strong main effect for age of target appeared. Both the young, M = 44.2, $t(410)$ = 3.57, $p<.001$, and the middle-aged, M = 45.7, $t(429)$ = 5.88, $p<.001$, were perceived as more self-assured than the old (M = 41.6), while the middle-aged were rated as significantly more self-assured than were the young, $t(421)$ = 2.13, $p<.05$.

On the secondary ANOVA, no main effects or interactions involving therapist characteristics appeared.

Redoing these ANOVAS with the adult cases removed did not change this pattern of findings.

Discussion

Our paper had three goals: (1) to look for interactions on gender stereotype judgments between the social category concepts of gender and age when information on age as well as gender was provided to perceivers; (2) to determine the difference that therapist characteristics such as sex, age, and experience with elderly clients make in their perceptions of others; and (3) to examine the clinical sex bias hypothesis.

(1) Strikingly, these four gender stereotype scales produced three substantial main effects for age of target (Achievement-Oriented; Controlled, Well-Socialized; and Self-Assured) and only one main effect for sex of target (Expressive-Nurturant). (There was, to be sure, also a main effect for age of target on Expressive-Nurturant, but it failed to reach the .05 level of significance when the adult targets were excluded and only male and female targets were analyzed.) Noteworthy are the overall positive evaluations of targets in their late 40s, who were generally seen as most expressive-nurturant (especially middle-aged women), controlled and well-socialized, and self-assured. As findings from the Oakland and Berkeley longitudinal studies indicate, healthy men and women alike tend to increase in rational self-control and self-assurance from adolescence to midlife; these attributes, which are also peripheral aspects of psychological femininity and masculinity (Huyck, 1990), are judged by the psychotherapists we sampled to be especially characteristic of healthy people in their late 40s.

Only the "core" femininity items tapping emotional expressiveness and active nurturance were viewed as more appropriate for one gender (women) than for the other. Overall, the genders were not seen to differ in achievement orientation, which is the only measure on which the interactions we expected between age and gender as social category concepts appeared. Healthy young women were perceived to be as strongly achievement-oriented as healthy young men. Although middle-aged women were seen as less achievement-oriented than were middle-aged men, the

former were still viewed as more oriented toward achievement than were old women and men. These findings suggest that the providers we studied may have had cohort as well as age in mind when they rated the target assigned to them. Young and middle-aged men and women are more likely to be in the labor force than are the old, and achievement orientation is very likely viewed as appropriate for incumbents of the employee role. As others have conjectured (Futoran & Wyer, 1986; Messick & Mackie, 1989), the social category concepts of gender and age do indeed produce interactive effects in person perception judgments, but those effects--for SRSQ judgments--are most pronounced for "core" masculinity (and, to some extent, femininity) traits.

(2) Although our predominantly middle-aged respondents certainly viewed middle-aged targets positively, age of therapist was unrelated to their perceptions of others. Intriguingly, providers who actually saw clients in their late 60s also viewed healthy people in their late 60s as more achievement-oriented than did providers who had no elderly clients. The most arresting provider-group differences indicated that, on socially desirable core and peripheral feminine characteristics alike, female providers view healthy men as deficient compared to their perceptions of healthy women and to male providers' perceptions of healthy men. Stated another way, male therapists perceive men and women as more similar on socially desirable feminine traits than female therapists do.

(3) Turning now to the sex bias hypothesis, our findings lend

no support to the interpretation that clinicians' standards of mental health display a bias against women when judgments of "adult" mental health are used as the ideal standard of mental health. Only one significant main effect for sex of target appeared. On Expressive-Nurturant, it was men who were rated differently from both women and the adult (i.e., the ideal) standard. The sex of provider x sex of target interaction showed, however, that only female providers rated male targets significantly different from adult targets; male providers' ratings of adult and male targets did not differ. Similarly, on the peripheral feminine stereotype scale (Controlled, Well-Socialized) only female providers rated female and adult targets the same and different from male targets. With regard to socially desirable feminine characteristics, then, it may be that female providers are biased against men.

Several limitations of this study must be considered. Broverman scale traits do not represent a comprehensive representation of the universe of traits associated with masculinity and femininity (Widiger & Settle, 1987), which limits the generalizability of our findings. The favorable (mentally healthy) depiction of the targets, the between-subjects design, and the use of National Register and AAMFT respondents may have reduced stereotypical differences in ratings. Further research on gender stereotypes may be done best by using open-ended interviews rather than questionnaires. Especially important, in our view, is research on the basis for or derivation of social perceptions.

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Table 1

SRSQ Factors and Factor Loadings For the Combined Sample of the National Register and the American Association for Marriage and Family Therapy

	FACTOR 1 EXPRESSIVE-NURTURANT	FACTOR 2 ACHIEVEMENT-ORIENTED	FACTOR 3 CONTROLLED/WELL-SOCIALIZED	FACTOR 4 SELF-ASSURED
AFFECTIONATE	.64			
EXPRESSES TENDERNESS	.64			
UNDERSTANDING	.63			
COMFORTABLE WITH EMOTIONS	.61			
CRIES EASILY	.62			
SHOWS EMOTIONS	.61			
KIND	.57			
DEVOTES SELF TO OTHERS	.53			
ENJOYS ART & LITERATURE	.52			
GENTLE	.49			
SENSE OF HUMOR	.44			
AMBITIOUS		.76		
COMPETITIVE		.68		
INTELLIGENT		.64		
ACTS AS LEADER		.63		
SKILLED IN BUSINESS		.61		
INTERESTED IN OWN APPEARANCE		.61		

Table 1 (cont.)

	Factor 1 EXPRESSIVE-NURTURANT	Factor 2 ACHIEVEMENT-ORIENTED	Factor 3 CONTROLLED, WELL-SOCIALIZED	Factor 4 SELF-ASSURED
NEVER GIVES UP		.54		
ADVENTUROUS		.52		
AGGRESSIVE		.47		
NOT RECKLESS			.75	
CAREFUL			.66	
THINKS BEFORE ACTS			.64	
NOT IMPULSIVE			.61	
LOGICAL			.56	
GRATEFUL			.50	
HELPFUL			.50	
LITTLE NEED FOR SECURITY				.71
NEVER WORRIED				.68
NOT EASILY HURT				.65
MAKES DECISIONS EASILY				.54
ASSERTIVE				.54
SEPARATE FEELINGS FROM IDEAS				.51
SEEKS NEW EXPERIENCES				.51

Table 2

ANOVAS on the Four Scale Scores for Each of the Four Gender Stereotype Scales by Age of Target and Sex of Target

Effect	Scale Scores (F)			
	Exp-Nurt.	Achieve	Controlled	Self-Assured
Age of Target (AT)	4.66**	33.29***	10.82***	16.74***
Sex of Target (ST)	15.15***	1.07	.26	1.70
Subsample (SS)	.29	9.78**	6.76**	1 07
AT x ST	.81	1.74	.92	94
AT x SS	2.27	.59	.31	.62
ST x SS	.53	.66	2.14	.18
AT x ST x SS	.86	3.81**	2.60*	1.16

*$p < .05$

**$p < .01$

***$p < .001$

Figure 1 Target age x target sex x subsample means on NURTURANT-EXPRESSIVE scale

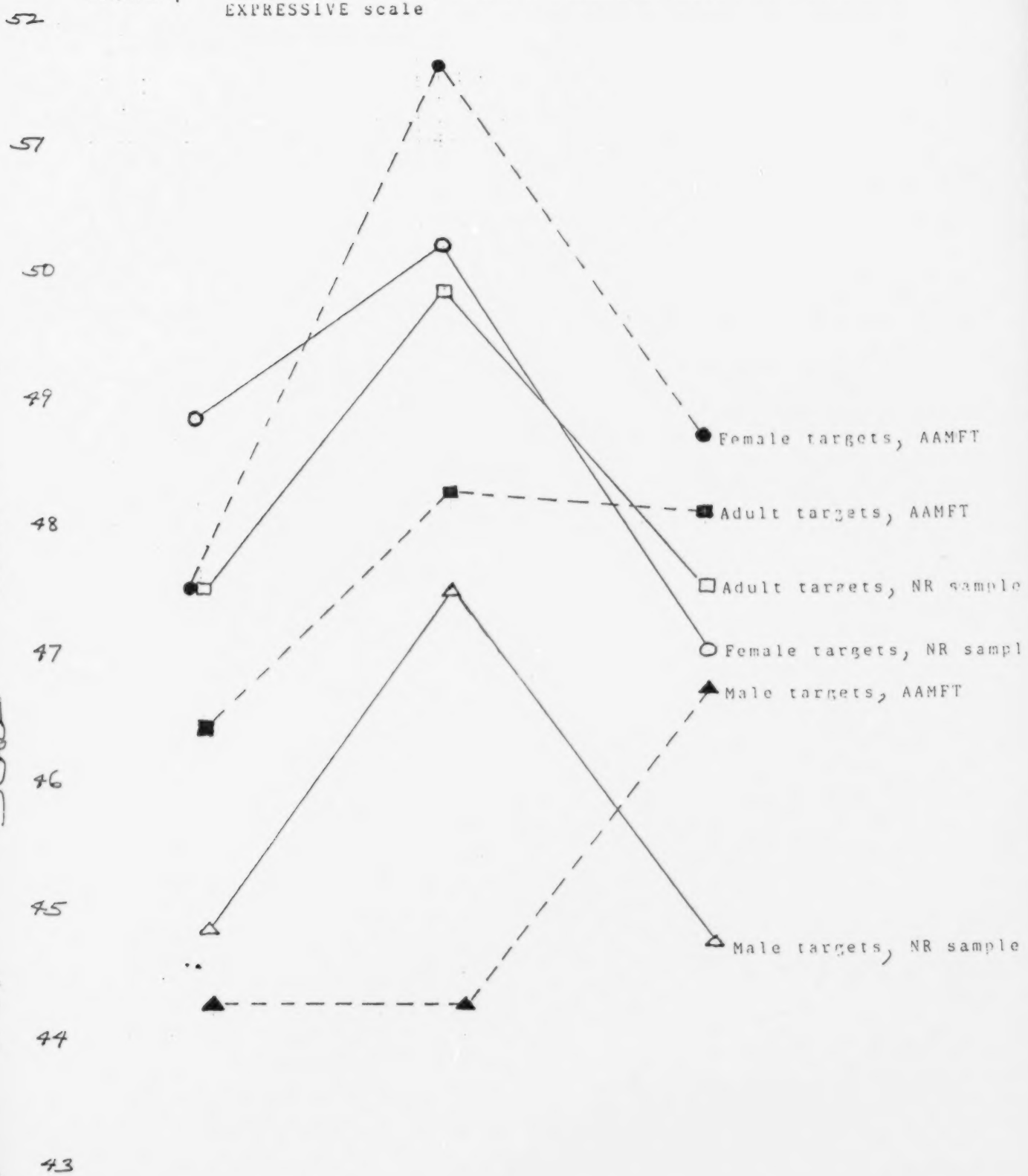

Figure 2 Target age x target sex x Subsample Means on ACHIEVEMENT ORIENTATION scale

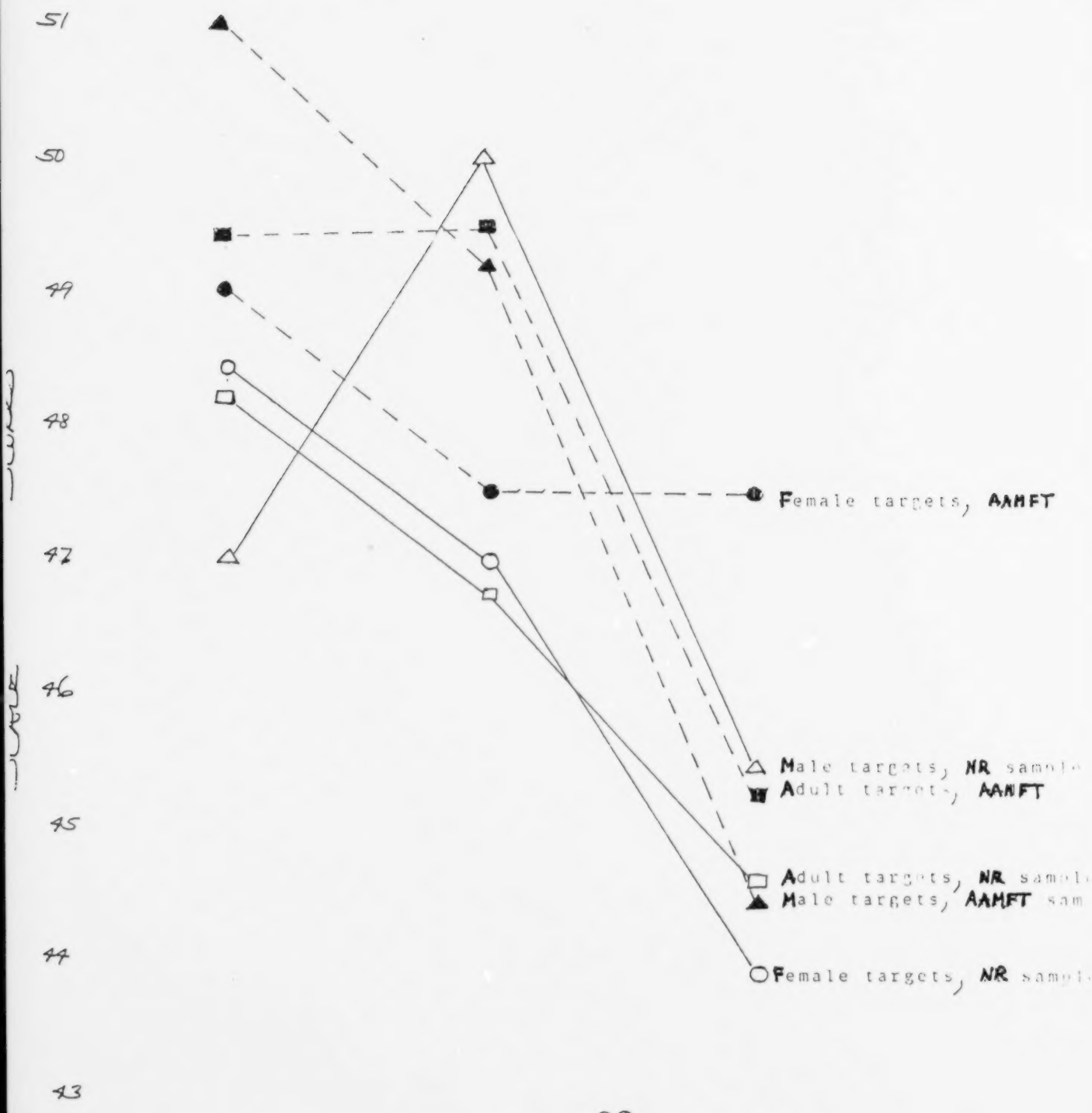

Figure 3 Target age x Target sex x Subsample Means on CONTROLLED WELL-SOCIALIZED scale

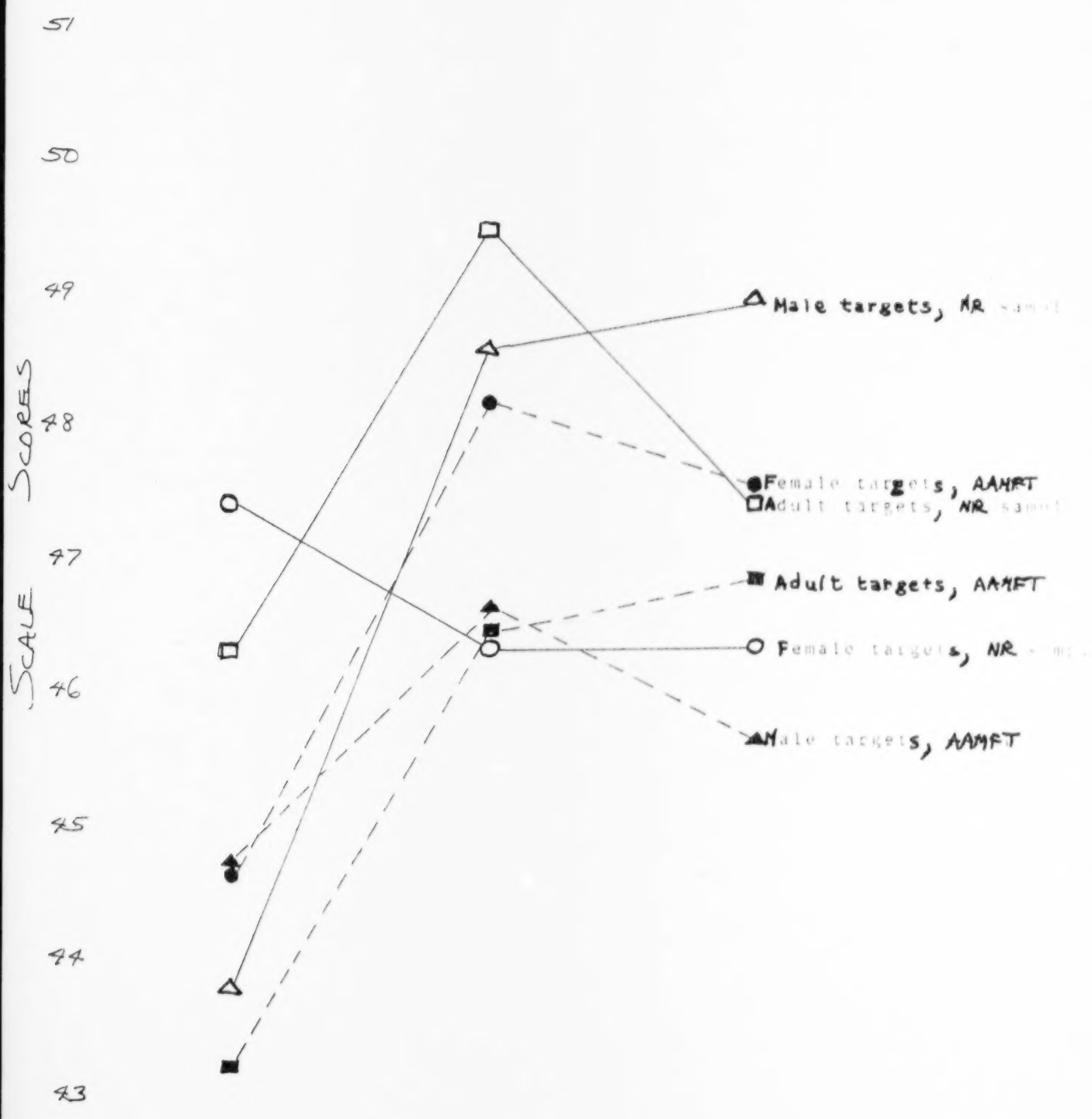

Figure 4. Age of target x sex of target x subsample means on SELF-ASSURED scale